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CONSUMER COMPLAINT FORM

To prevent delay, please be sure to complete **both sides** of this form **in full**. *Please* **print** clearly or type. **DO NOT** include your **Social Security Number** on this form or in any accompanying documents.

1. Your Information	2. Who is Your Complaint Against?				
☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.	Name/Firm				
Name	Address				
Address					
City State	City State				
Zip County	Zip County				
Phone () Day	Phone ()				
() Evening	Email				
Email	Person you dealt with				
3. When Did Transaction/Incident Occur?	ate Time AM PM				
4. Where did the Transaction/Incident you are complain	ing about take place?				
At the firm's place of business	By mail				
☐ My home ☐ By internet/email					
Away from the firm's place of business (at work, convention, etc.)					
Other:					
5. What was the very first contact between You and the	Firm?				
☐ I telephoned the firm ☐ I went to the firm's place of business					
	received a telephone call from the firm				
	I responded to an offer on the Internet				
	I responded to a printed advertisement				
I received information in the mail	Other:				
6. Do you consent to the Consumer Protection Division public the following?	7. Was the Transaction for?				
The nature and status of your complaint and the name of the firm	? Yes No My business				
Your name?	Yes No My family/household				
Your phone number?	☐ Yes ☐ No ☐ My Farm				
8. How Did you Pay?					
☐ Cash ☐ Credit Card ☐ Medicaid	Private Insurance				
☐ Check ☐ Installment Loan ☐ Medicare	Other				
9. Did you sign any written agreement? If YES, please	attach a copy of the agreement.				

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10. Have you complained to the business?			∐ Yes	∐ No
When	Action taken?			
11. With what other agency have you filed this of	omplaint?			
Agency	Action taken?			
12. Have you contacted a private attorney?			Yes	☐ No
13. Have you started court action? If YES, pleas	so attach a co	ny of all court papers	Yes	□No
13. Have you started court action? If 1E3, pleas	se allacii a co	py or all court papers.	⊺es	
14. Have you been sued over this issue? If YES	, please attac	h a copy of all court papers.	Yes	☐ No
15. Please describe your complaint in detail. At	tach extra sh	eets if necessary		
Please attach a copy of all papers involved (order blank, warranty	credit card receip	t and statement, invoice, contract or writte		
cancelled check, correspondence and all other related documents	.) Please print cle	arly or type. DO NOT INCLUDE YOUR SOCIAL	SECURITY NUMBER	₹
16. How would you like your complaint resolved	l?			
I certify that the information in this complaint is true and ac the Consumer Protection Division relating to this complaint				
information submitted to the Consumer Protection Division	. If I do provide	my social security number, I expressly		
of my social security number in accordance with Indiana C	ode § 4-1-10-5(2	?).		
Your Signature		Date		
		M. 11 0		
What Will Happen Now? What Else Should You Do?	intto	Mail Completed):
The Consumer Protection Division will send a copy of your complating respondent firm or licensed professional. This office cannot di		Attorney General S	Steve Carter	

The Consumer Protection Division will send a copy of your complaint to the respondent firm or licensed professional. This office cannot disclose your complaint against a licensed professional to the public unless this office files a disciplinary action against the licensed professional. This office represents the State of Indiana and is limited in the remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you should contact a private attorney or your local small claims court.

Attorney General Steve Carter Consumer Protection Division Government Center South, 5th floor 302 West Washington Street Indianapolis, IN 46204

317-232-6330 (Phone)

317-233-4393 (Fax)

www.in.gov/attorneygeneral